| •                                                                                                                         |                                                                                                            |               |                           |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------|---------------------------|-------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 3160- 5                                                                                                              | UNITED STAT                                                                                                | ES            |                           |                         |                                               | ORM APPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| (March 2012)                                                                                                              | DEPARTMENT OF THE                                                                                          | E INTERI      | OR                        |                         |                                               | MB No. 1004-0137<br>ires: October 31, 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                           | BUREAU OF LAND MA                                                                                          |               |                           |                         | 5. Lease Serial No.                           | 103: Oelober 31, 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                           |                                                                                                            |               |                           |                         | Jici                                          | rilla Contract 362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SU                                                                                                                        | NDRY NOTICES AND REP                                                                                       | PORTS O       | N WELLS                   |                         | 6. If Indian, Allottee,                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Dor                                                                                                                       | not use this form for proposals t                                                                          | o drill or to | o re-enter an             |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| aban                                                                                                                      | doned well. Use Form 3160-3 (Al                                                                            | PD) for su    | ch proposals              |                         | Jica                                          | rilla Apache Tribe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SUBMIT IN                                                                                                                 | TRIPLICATE - Other Instructi                                                                               | ions on pa    | ge 2.                     |                         | 7. If Unit or CA/Agr                          | eement Name and/or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| t. Type of Well                                                                                                           |                                                                                                            |               |                           |                         |                                               | and a state of the |
| X Oil Well                                                                                                                | Gas Well Other                                                                                             |               |                           |                         | 8 Well Name and N                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Name of Operator                                                                                                       |                                                                                                            |               |                           |                         | Martin Whitak                                 | er No. 023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DJR Operating, LLC                                                                                                        |                                                                                                            |               |                           |                         | 30-039-23372                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3a. Address                                                                                                               |                                                                                                            |               |                           | de area code)           |                                               | , or Exploratory Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 600 Broadway, Suite 1960 Denve                                                                                            |                                                                                                            | 303-595       | -7433                     |                         | S. Lindrith, Gall                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. Location of Well (Footage, Sec.,<br>UL F, Section 7, T23N, R04W 174                                                    |                                                                                                            | )             |                           |                         | 11. County or Pari<br>Rio Arriba Coun         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                           | PRIATE BOX(ES) TO INDICATI                                                                                 | ENATIO        | FORNOTIC                  | E PEPOPT OF             |                                               | (y, 11)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TYPE OF SUBMISSION                                                                                                        | KIATE BOA(E3) TO INDICATI                                                                                  | LINATOR       |                           | PE OF ACTION            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                           |                                                                                                            | 7             |                           | processing .            |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X Notice of Intent                                                                                                        | Acidize                                                                                                    | Deepen        |                           | Production              | (Start/Resume)                                | Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                           | Alter Casing                                                                                               | Fracture      | Treat                     | Reclamatio              | on                                            | Well Integrity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Subsequent Report                                                                                                         | Casing Repair                                                                                              | New Co        | nstruction                | Recomplet               | e                                             | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6                                                                                                                         | Change Plans X                                                                                             | Plug and      | i Abandon                 | Temporari               | ly Abandon                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Final Abandonment Notice                                                                                                  | Convert to Injection                                                                                       |               | ck                        | Water Dis               | nosal                                         | ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13. Describe Proposed or Completed                                                                                        | I Land D Land                                                                                              |               |                           |                         |                                               | work and approximate duration I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Conditions of Approval (also a DJR Operating, LLC, having a                                                               | well was submitted by Elm Rid<br>ttached) by the BLM on <u>06/26/2</u><br>acquired this property, requests | 2014 and b    | y NMOCD I                 | District 3 on 06/2      | 24/2014.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Approval.                                                                                                                 |                                                                                                            |               |                           |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The Reclamation Plan (attache                                                                                             | d) has been approved.                                                                                      |               |                           | same 1                  |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Noti                                                                                                                      | fy NMOCD 24 hrs                                                                                            | NMO           | GD                        |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                           | or to beginning                                                                                            | SFP 1         | 2 2018                    | STRIN NO                | OR ACCEPTANC<br>OT RELIEVE THE<br>MOBINING AN | LESSEE AND<br>Y OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                           | SEE ATTACHED FOR                                                                                           |               |                           | a string<br>Victoria XX | S REQUIRED FOR<br>DENDAN LANDS                | OPERATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ا فاسا میک                                                                                                                | UTIONS OF REPRO                                                                                            | V.L.          |                           |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. I hereby certify that the foregoin                                                                                    | g is true and correct. Name (Prin                                                                          | ted/Typed     |                           |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Shel                                                                                                                      | ly Doescher                                                                                                |               | Title                     |                         | Agen                                          | ŧ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signature there G                                                                                                         | Doescher                                                                                                   |               | Date                      |                         | September                                     | 5, 2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1.0                                                                                                                       | THIS SPACE FO                                                                                              | R FEDER       | AL OR STA                 | TE OFFICE U             | SE                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Approved by                                                                                                               | ul >                                                                                                       |               | Title                     | PE                      |                                               | Date 9/12/18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Conditions of approval, 1 any are all<br>that the applicant holds legal or equi<br>entitle the applicant to conduct oper- | angas thereon.                                                                                             |               | ant or co<br>which wOffic | •• FFO                  | I                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Title 18 U.S.C. Section 1001 and Ti<br>fictitious or fraudulent statements or                                             |                                                                                                            |               |                           | knowingly and           | willfully to make ar                          | y department or agency of the Un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (Instructions on page 2)                                                                                                  |                                                                                                            |               |                           |                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| Form 3160- 5                                                                                                                                                                                                                  | UNITED STATES                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                          | ORM APPROVED                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| (March 2012)                                                                                                                                                                                                                  | DEPARTMENT OF THE INTER                                                                                                                                                                                                                                                                                                                                                   | IOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       |                                                                                          | MB No. 1004-0137<br>ires: October 31, 2014                                                                                                       |
|                                                                                                                                                                                                                               | BUREAU OF LAND MANAGEM                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 5. Lease Serial No.                                                                      |                                                                                                                                                  |
|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Jie                                                                                      | arilla Contract 362                                                                                                                              |
| S                                                                                                                                                                                                                             | UNDRY NOTICES AND REPORTS (                                                                                                                                                                                                                                                                                                                                               | ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                       | 6. If Indian, Allottee                                                                   | , or Tribe Name                                                                                                                                  |
|                                                                                                                                                                                                                               | o not use this form for proposals to drill or                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                          | 1                                                                                                                                                |
| aba                                                                                                                                                                                                                           | andoned well. Use Form 3160-3 (APD) for su                                                                                                                                                                                                                                                                                                                                | uch proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       |                                                                                          | arilla Apache Tribe                                                                                                                              |
|                                                                                                                                                                                                                               | IN TRIPLICATE - Other Instructions on p                                                                                                                                                                                                                                                                                                                                   | age 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | 7. If Unit or CA/Ag                                                                      | reement Name and/or No.                                                                                                                          |
| 1. Type of Well                                                                                                                                                                                                               | Gas Well Other                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 8. Well Name and N                                                                       | lo.                                                                                                                                              |
|                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Martin Whitak                                                                            | ter No. 023                                                                                                                                      |
| 2. Name of Operator                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 9. API Well No.                                                                          |                                                                                                                                                  |
| DJR Operating, LLC<br>3a. Address                                                                                                                                                                                             | 2h Ph                                                                                                                                                                                                                                                                                                                                                                     | one No. (include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | area code)                                                                            | 30-039-23372                                                                             | l, or Exploratory Area                                                                                                                           |
| 1600 Broadway, Suite 1960 Den                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | urcu coucy                                                                            | S. Lindrith, Gall                                                                        |                                                                                                                                                  |
| 4. Location of Well (Footage, See                                                                                                                                                                                             | c., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | 11. County or Par                                                                        |                                                                                                                                                  |
| UL F, Section 7, T23N, R04W 1                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEDODT OD                                                                             | Rio Arriba Cour                                                                          | ity, NM                                                                                                                                          |
|                                                                                                                                                                                                                               | OPRIATE BOX(ES) TO INDICATE NATUR                                                                                                                                                                                                                                                                                                                                         | and a state of the |                                                                                       |                                                                                          |                                                                                                                                                  |
| TYPE OF SUBMISSION                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                           | ТҮРЕ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E OF ACTION                                                                           |                                                                                          |                                                                                                                                                  |
| X Notice of Intent                                                                                                                                                                                                            | Acidize Deeper                                                                                                                                                                                                                                                                                                                                                            | 1 [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Production                                                                            | (Start/Resume)                                                                           | Water Shut-Off                                                                                                                                   |
|                                                                                                                                                                                                                               | Alter Casing Fracture                                                                                                                                                                                                                                                                                                                                                     | re Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reclamatio                                                                            | n                                                                                        | Well Integrity                                                                                                                                   |
| Subsequent Report                                                                                                                                                                                                             | Casing Repair New C                                                                                                                                                                                                                                                                                                                                                       | onstruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Recomplete                                                                            | e                                                                                        | Other                                                                                                                                            |
| A concentration                                                                                                                                                                                                               | Change Plans X Plug an                                                                                                                                                                                                                                                                                                                                                    | nd Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temporaril                                                                            | y Abandon                                                                                |                                                                                                                                                  |
| Final Abandonment Notice                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                           | ack                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Water Disp                                                                            | oosal                                                                                    |                                                                                                                                                  |
| Attach the Bond under which the<br>following completion of the in-<br>testing has been completed. Fin-<br>determined that the site is read<br><b>The attached NOI to P&amp;A the</b><br><b>Conditions of Approval (also</b> ) | tionally or recomplete horizontally, give subsu-<br>the work will be performed or provide the Bor-<br>volved operations. If the operation results in a<br>nal Abandonment Notice must be filed only at<br>y for final inspection.)<br>is well was submitted by Elm Ridge Corpo-<br>o attached) by the BLM on 06/26/2014 and<br>g acquired this property, requests approva | nd No. on file wit<br>multiple comple-<br>iter all requirement<br>oration Company<br>by NMOCD Dis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | h the BLM/BL<br>tion or recomp<br>nts, including f<br>y, LLC on Ma<br>trict 3 on 06/2 | A. Required subsection in a new intereclamantion, have<br>ay 04, 2014. The p<br>24/2014. | quent reports must be filed within 34<br>rval, a Form 3160-4 must be filed c<br>been completed, and the operator h<br>rocedure was approved with |
| Approval.<br>The Reclamation Plan (attac                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                          |                                                                                                                                                  |
| SEE I<br>CONDITI                                                                                                                                                                                                              | ATTACHED FOR<br>ONS OF APPROVAL                                                                                                                                                                                                                                                                                                                                           | ACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ION DOES NO                                                                           | L OR ACCEPTAN<br>OT RELIEVE THE<br>M OBTAINING AN<br>N REQUIRED FO<br>D INDIAN LAND      | VY OTHER<br>R OPERATIONS                                                                                                                         |
|                                                                                                                                                                                                                               | Υ.                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |                                                                                          | SEP 07 2018                                                                                                                                      |
| 14. I hereby certify that the forego                                                                                                                                                                                          | ing is true and correct. Name (Printed/Typed                                                                                                                                                                                                                                                                                                                              | l)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                          | DISTRICT III                                                                                                                                     |
| Sh                                                                                                                                                                                                                            | elly Doescher                                                                                                                                                                                                                                                                                                                                                             | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       | Agen                                                                                     | t                                                                                                                                                |
| Signature Shelly                                                                                                                                                                                                              | Doescher                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                       | September                                                                                | 5, 2018                                                                                                                                          |
|                                                                                                                                                                                                                               | THIS SPACE FOR FEDE                                                                                                                                                                                                                                                                                                                                                       | RAL OR STAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E OFFICE US                                                                           | SE                                                                                       |                                                                                                                                                  |
| Approved by                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                           | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                                                          | Date                                                                                                                                             |
| Conditions of approval, if any are<br>that the applicant holds legal or eq<br>entitle the applicant to conduct op                                                                                                             | attached. Approval of this notice does not war<br>uitable title to those rights in the subject lease<br>erations thereon.                                                                                                                                                                                                                                                 | rant or ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       | L                                                                                        | - Date                                                                                                                                           |
| Title 18 U.S.C. Section 1001 and                                                                                                                                                                                              | Title 43 U.S.C. Section 1212, make it a crime<br>or representations as to any matter within its j                                                                                                                                                                                                                                                                         | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nowingly and v                                                                        | willfully to make a                                                                      | ny department or agency of the Unit                                                                                                              |

(Instructions on page 2)

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## State of New Mexico Energy, Minerals and Natural Resources Department

Susana Martinez Governor

David Martin Cabinet Secretary-Designate

Brett F. Woods, Ph.D. Deputy Cabinet Secretary Jami Bailey, Division Director Oil Conservation Division



New Mexico Oil Conservation Division approval and conditions listed below are made in accordance with OCD Rule 19.15.7.11 and are in addition to the actions approved by BLM on the following <u>3160-4 or 3160-5</u> form.

Operator Signature Date: May 30<sup>th</sup> 2014

Application Type:

| J 1    |       | Drilling/Ca | sing Change | Recomplete/DHC |
|--------|-------|-------------|-------------|----------------|
| Locati | ion C | Change 🗌    | Other:      |                |

Well information:

| API WELL #  | Well Name | Well<br># | Operator Name         | Туре | Stat | County | Surf_Owner | UL | Sec | Twp | N/S | Rng | W/E |
|-------------|-----------|-----------|-----------------------|------|------|--------|------------|----|-----|-----|-----|-----|-----|
| 30-039-     | MARTIN    | 023       | ELM RIDGE EXPLORATION | 0    | A    | Rio    | F          | F  | 7   | 23  | N   | 4   | W   |
| 23372-00-00 | WHITTAKER |           | COMPANY LLC           |      |      | Arriba |            |    |     |     |     |     |     |

Conditions of Approval:

Notify NMOCD 24hrs prior to beginning operations

Perform and provide agencies with CBL for approval prior to cementing

Seand 7

NMOCD Approved by Signature

<u>7/8/14</u> Date

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$s                                                                                                        |
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|     | BI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNITED STATES<br>PARTMENT OF THE INTER<br>UREAU OF LAND MANAGEME<br>NOTICES AND REPORTS O                                                                                           | ENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | OM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | is form for proposals to dr                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 05 2014                                                                    | and all the second s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ottee or Tribe Name                                                                                        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . Use Form 3160-3 (APD) for                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.0 4011                                                                   | Jicarilla Apac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ICATE – Other instruct                                                                                                                                                              | C.P. W.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | 7. If Unit or CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agreement, Name and/or No.                                                                                 |
|     | 1. 🔽 Oil Well 🔲 Gas Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | 8. Well Name an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |
| ,   | 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | Martin Whitta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ker #23                                                                                                    |
| he. | Elm Ridge Exploration Compa<br>3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                     | . Phone No. (include area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a anda)                                                                    | 9. API Well No. 30-039-23372                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2                                                                                                          |
| A   | 3a. Address<br>P.O. Box 156 Bloomfield, NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 87413 3b                                                                                                                                                                            | 505) 632-3476 ext. 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | and the second se | I, or Exploratory Area                                                                                     |
| Z   | 4. Location of Well (Footage, Sec., T.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     | 000) 002-0470 CAL 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | S. Lindrith Ga                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | 11. County or Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
|     | Unit "F" Section 7-T23N-R4W<br>1745' FNL X 1190' FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | Rio Arriba Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |
|     | 12. CHECK APPROPRIATE BOX(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ES) TO INDICATE NATURE OF                                                                                                                                                           | NOTICE, REPORT, OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | R OTHER DA                                                                 | TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |
|     | TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TYPE OF ACTION                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |
|     | Notice of Intent Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Acidize                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Reclamation<br>Recomplete<br>Temporarily                                   | Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Water Shut-Off Well Integrity Other                                                                        |
|     | Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Convert to Injection                                                                                                                                                                | Plug Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Water Dispo                                                                | sal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |
|     | Testing has been completed. Final At<br>determined that the site is ready for final insp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | y or recomplete horizontally, give subsu<br>will be performed or provide the Bond<br>perations. If the operation results in a<br>pandonment Notices shall be filed only<br>ection.) | urface locations and measured<br>d No. on file with BLM/BIA<br>multiple completion or recomp<br>after all requirements, includ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and true vertice<br>Required sub-<br>bletion in a new<br>ling reclamation, | al depths of all pert<br>sequent reports shall<br>interval, a Form 31<br>have been complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | inent markers and zones<br>be filed within 30 days<br>60-4 shall be filed once<br>ed, and the operator has |
|     | This well is incapable of produ<br>abandon this well according to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     | n Company, LLC the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | erefore requ                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | to plug and                                                                                                |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
|     | OPERATOR FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ALEVE GAY, LESSEE AND<br>AINING ANY OTHER<br>VIRED FOR OPERATIONS                                                                                                                   | CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | Tached Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|     | 14. I hereby certify that the foregoing is<br>Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | true and correct                                                                                                                                                                    | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sr. Regula                                                                 | atory Supervis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or                                                                                                         |
|     | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | last                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mo                                                                         | 20 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a fa fa sua na sua na sua na sua na sua na sua na sua sua sua sua sua sua sua sua sua su                   |
|     | A AI M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THIS SPACE FO                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | y 30, 2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |
|     | Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THIS SPACE FU                                                                                                                                                                       | Title D 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |
|     | Conditions of approval if any, are attached<br>certify that the applicant holds legal or equivalent the conductivity of the second | aitable title to those rights in the subject                                                                                                                                        | rant or Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | im Eng.                                                                    | Late 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 26/2014                                                                                                    |
|     | Title 18 U.S.C. Section 1001, makes it a d<br>traudulent statements or representations a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | crime for any person knowingly and w                                                                                                                                                | and the second se | rtment or agenc                                                            | y of the United Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tes any false, fictitious or                                                                               |
|     | (Instructions on reverse)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |

NMOCD  $\sim$ 

# **Elm Ridge Resources**

## Pertinent Data Sheet

| Well Name: | Martin Whittaker 23       |
|------------|---------------------------|
| Footage:   | 1745' FNL and 1190' FWL   |
| Location:  | SENW Section 7, T23N, R4W |
| County:    | Rio Arriba County, NM     |
| API#:      | 30-039-23372              |

Field: South Lindrith Gallup Dakota

Elevation: 6867' KB

TD: 6570' KB

Completed: 9/20/1984

#### Casing Record:

| Hole Size | Casing Size | Wt.   | Grade | Depth Set          | Cement                     |
|-----------|-------------|-------|-------|--------------------|----------------------------|
| 12-1/4"   | 9-5/8"      | 32#   | J-55  | 269'               | 175 sx (Circ. to surface)  |
| 8-3/4"    | 7"          | 23#   | J-55  | 4802'              | 789.7 cu. Ft. <sup>1</sup> |
| 6-1/4"    | 4-1/2"      | 11.6# | J-55  | 6563' <sup>2</sup> | 226.5 cu. ft.              |

(1) DV tool at 2226'

(2) Liner top: 4673'

Tubing: 2-3/8" tubing set at 6375'

### Formation Tops:

| San Jose        | Surface |
|-----------------|---------|
| Nacimiento      | 550'    |
| Ojo Alamo       | 2001'   |
| Fruitland       | 2343'   |
| Pictured Cliffs | 2523'   |
| Lewis           | 2552'   |
| Chacra          | 3357'   |
| Mesaverde       | 4034'   |
| Mancos          | 4832    |
| Gallup          | 5695'   |
| Tocito          | 6385'   |
| Semilla         | 6491'   |

#### **Perforations:**

Tocito-Semilla perforations: 6348' – 6426' Gallup perforations: 5695' – 5835'

#### Notes:

## Plugging Program for Martin Whittaker 23

1) MOL RU. TOOH with 2-3/8" tubing.

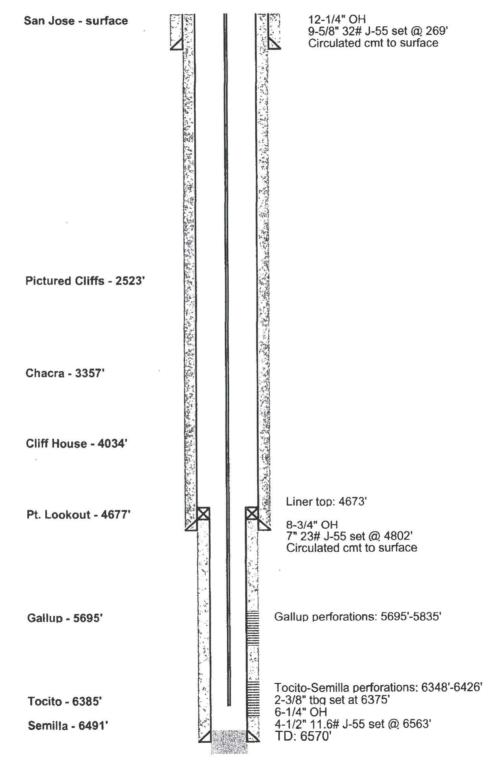
- See COR2) PU and TIH with 4-1/2" cement retainer to 5695'. Squeeze below retainer with 56 sx cmt. Sting out and spot 4 sx on top of retainer.
- Sec Col 3) Pull up to 4882'. Spot balanced cement plug with 26 sx to cover intermediate casing shoe, production liner, and top of Mancos formation.
- See COA<sup>4</sup>) Pull up to 4084'. Spot balanced cement plug with 28 sx to cover top of Mesaverde formation.
- See Cot 5) Pull up to 3407'. Spot balanced cement plug with 28 sx to cover top of Chacra formation.

6) TOOH. Run in hole with perf gun to 2573'. Shoot 4 holes and POOH. TIH with 7" cement retainer to 2001'. Squeeze below retainer with 167 sx to cover tops of Pictured Cliffs and Fruitland formations inside and outside 7" casing. Sting out and spot 10 sx on top of retainer to cover top of Ojo Alamo formation.

- 7) TOOH. RIH with perf gun to 600'. Shoot 4 holes and POOH. Tie on to wellhead,
- See <>>> mix and pump 237 sx to cover surface casing shoe and top of Nacimiento formation inside and outside intermediate casing.
  - 8) Cut off well head 4 feet below surface and remediate location in accordance with regulatory agencies' conditions of approval.

### Wellbore Diagram Martin Whittaker 23 SENW Sec. 7, T23N, R4W Rio Arriba, NM API #30-039-23372

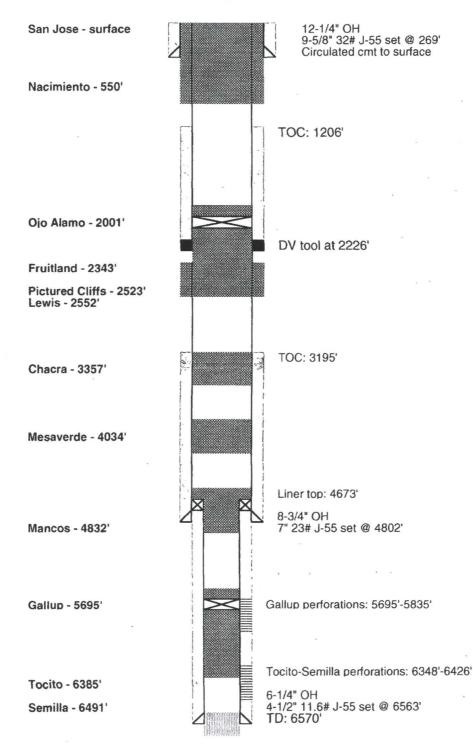
Before



MW 23 WBD 5/28/2014

### Wellbore Diagram Martin Whittaker 23 SENW Sec. 7, T23N, R4W Rio Arriba, NM API #30-039-23372

After



MW 23 WBD 6/25/2014 UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT FARMINGTON DISTRICT OFFICE 6251 COLLEGE BLVD.

FARMINGTON, NEW MEXICO 87402

Attachment to notice of Intention to Abandon:

Re: Permanent Abandonment Well: Martin Whittaker #23

#### CONDITIONS OF APPROVAL

1. Plugging operations authorized are subject to the attached "General Requirements for Permanent Abandonment of Wells on Federal and Indian Lease."

2. Farmington Office is to be notified at least 24 hours before the plugging operations commence (505) 564-7750.

3. The following modifications to your plugging program are to be made:

- a) Bring the top of plug #1 to 5530 ft., (CICR set at 5695 ft.), to cover the Gallup top. Adjust cement volume accordingly to spot on top of retainer.
- b) Adjust the placement of plug #2 to (4908-4623) ft. to cover the Mancos fm., 7" intermediate shoe and 4.5" liner top. Adjust cement volume accordingly.
- c) Bring the top of plug #3 to 3900 ft. to cover the Mesaverde fm. Adjust cement volume accordingly
- d) Set plug #4 from (3301-3201) ft. to cover the Chacra fm.
- e) Bring the top of plug #5 to 1931 ft., (above CICR at 2001 ft.) to cover the Ojo Alamo top. Adjust cement volume accordingly to spot on top of retainer
- f) Adjust the placement of plug #6 to (740-0) ft. inside/ outside to cover the Nacimiento top and 9.625" surface shoe. Adjust cement volume accordingly.

You are also required to place cement excesses per 4.2 and 4.4 of the attached General Requirements.

Office Hours: 7:45 a.m. to 4:30 p.m.

## **BLM Conditions of Approval**

The following surface rehabilitation Conditions of Approval must be complied with as applicable, before this well can be approved for final abandonment (43CFR 3162.3-4). Surface rehabilitation work shall be completed within one (1) year of the actual plugging date. Notification for completion of this work can be submitted with a Sundry Notice (3160-5).

- 1. All fences, production equipment, purchaser's equipment, concrete slab, deadman (anchors), flowlines, risers, debris and trash must be removed from the location.
- Production pits will be closed according to the Unlined Surface Impoundment Closure Guidelines, as approved in the Environmental Assessment of December 1993. Any oil stained soils may be remediated on-site according to these guidelines or disposed of in an approved disposal facility.
- The well pad will be shaped to the natural terrain and left as rough as possible. All compacted areas and areas devoid of vegetation shall be ripped to a minimum of 12" before seeding.
- 4. Access roads will be shaped to conform to the natural terrain and left as rough as possible to detour vehicular travel. Access will be ripped to a minimum of 12" in depth and waterbarred prior to seeding. All erosion problems created by the development must be corrected prior to acceptance of release. Water bars should be spaced as follows:

| (%) Slope       | Spacing Interval (ft.) |
|-----------------|------------------------|
| Less than 20    | 200                    |
| 2-5             | 150                    |
| 6-9             | 100                    |
| 10-15           | 50                     |
| Greater than 15 | 30                     |

All water bars should divert to the downhill side of the road.

- 5. All disturbed areas will be seeded with the prescribed certified seed mix (reseeding may be required).
- 6. Notify the Surface Managing Agency (SMA) seven (7) days prior to seeding so that they may be present for that option.
- 7. The period of liability under the bond of record will not be terminated until the lease is inspected and the surface rehabilitation approved.

Other SMA's may vary slightly in their restoration requirements. It is your responsibility, as the operator, to obtain surface restoration requirements for other SMA's. The BLM will need to be provided with a copy of another SMA requirement. Any problems concerning stipulations received for another SMA should be brought to the BLM Farmington Field Office.

On private land, the BLM should be provided with a letter from the fee owner stating that the surface restoration is satisfactory.

## GENERAL REQUIREMENTS FOR PERMANENT ABANDONMENT OF WELLS ON FEDERAL AND INDIAN LEASES FARMINGTON FIELD OFFICE

1.0 The approved plugging plans may contain variances from the following <u>minimum general</u> requirements.

- 1.1 Modification of the approved plugging procedure is allowed only with the prior approval of the Authorized Officer, Farmington Field Office.
- 1.2 Requirements may be added to address specific well conditions.

2.0 Materials used must be accurately measured. (densimeter/scales)

3.0 A tank or lined pit must be used for containment of any fluids from the wellbore during plugging operations and all pits are to be fenced with woven wire. These pits will be fenced on three sides and once the rig leaves location, the fourth side will be fenced.

3.1 Pits are not to be used for disposal of any hydrocarbons. If hydrocarbons are present in the pit, the fluids must be removed prior to filling in.

4.0 All cement plugs are to be placed through a work string. Cement may be bull-headed down the casing with prior approval. Cement caps on top of bridge plugs or cement retainers may be placed by dump bailer.

- 4.1 The cement shall be as specified in the approved plugging plan.
- 4.2 All cement plugs placed inside casing shall have sufficient volume to fill a minimum of 100' of the casing, or annular void(s) between casings, plus an excess volume sufficient to provide for 50 linear feet of fill above the plug.
- 4.3 Surface plugs may be no less than 50' in length.
- 4.4 All cement plugs placed to fill annular void(s) between casing and the formation shall be of sufficient volume to fill a minimum of 100' of the annular space plus 100% excess, calculated using the bit size, or 100' of annular capacity, determined from a caliper log, plus an excess volume sufficient to provide for 50 linear feet of fill above the plug.
- 4.5 All cement plugs placed to fill an open hole shall be of sufficient volume to fill a minimum of 100' of hole, as calculated from a caliper log, plus an excess volume sufficient to provide for 50 linear feet of fill above the plug. In the absence of a caliper log, an excess of 100% shall be required.
- 4.6 A cement bond log (CBL) is required to be run if one had not been previously run or cement did not circulate to surface during the primary cement job or subsequent cement job.

Page 1

5.0 All cement plugs spotted across, or above, any exposed zone(s), when; the wellbore is not full of fluid or the fluid level will not remain static, and in the case of lost circulation or partial returns during cement placement, shall be tested by tagging with the work string.

- 5.1 The top of any cement plug verified by tagging must be at or above the depth specified in the approved plan, without regard to any excess.
- 5.2 Testing will not be required for any cement plug that is mechanically contained by use of a bridge plug and/or cement retainer, if casing integrity has been established.
- 5.3 Any cement plug which is the only isolating medium, for a fresh water interval or a zone containing a prospectively valuable deposit of minerals, shall be tested by tagging.
- 5.4 If perforations are required below the surface casing shoe, a 30 minute minimum wait time will be required to determine if gas and/or water flows are present. If flow is present, the well will be shut-in for a minimum of one hour and the pressure recorded. Short or long term venting may be necessary to evacuate trapped gas. If only a water flow occurs with no associated gas, shut well in and record the pressures. Contact the Engineer as it may be necessary to change the cement weight and additives.

6.0 Before setting any cement plugs the hole needs to be rolled. All wells are to be controlled by means of a fluid that is to be of a weight and consistency necessary to stabilize the wellbore. This fluid shall be left in place as filler between all plugs.

- 6.1 Drilling mud may be used as the wellbore fluid in open hole plugging operations.
- 6.2 The wellbore fluid used in cased holes shall be of sufficient weight to balance known pore pressures in all exposed formations.

7.0 A blowout preventer and related equipment (BOPE) shall be installed and tested prior to working in a wellbore with any exposed zone(s); (1) that are over pressured, (2) where the pressures are unknown, or (3) known to contain  $H_2S$ .

8.0 Within 30 days after plugging work is completed, file a Sundry Notice, Subsequent Report of Abandonment (Form 3160-5), five copies, with the Field Manager, Bureau of Land Management, 6251 College Blvd., Suite A, Farmington, NM 87402. The report should show the manner in which the plugging work was carried out, the extent, by depth(s), of cement plugs placed, and the size and location, by depth(s), of casing left in the well. Show <u>date</u> well was plugged.

9.0 All permanently abandoned wells are to be marked with a permanent monument as specified in 43 CFR 3162.6(d). Unless otherwise approved.

10.0 If this well is located in a Specially Designated Area (SDA), compliance with the appropriate <u>seasonal closure</u> requirements will be necessary.

All of the above are minimum requirements. Failure to comply with the above conditions of approval may result in an assessment for noncompliance and/or a Shut-in Order being issued pursuant to 43 CFR 3163.1. You are further advised that any instructions, orders or decisions issued by the Bureau of Land Management are subject to administrative review pursuant to 43 CFR 3165.3 and appeal pursuant to 43 CFR 3165.4 and 43 CFR 4.700.